

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
FILED APR 3 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 10506  
Registrar's No. 2868

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Missouri Baptist Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 Years 5 months  
(Specify whether  
In this community Life  
years, months or days)

3. (a) PRINT  
FULL NAME

Ella T. Morrison

3. (b) If veteran,

name war None

3. (c) Social Security No.

None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Thomas W. (c) Age of husband or wife if alive 67 years  
7. Birth date of deceased June 11 1876  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
71 76 9 11 hr. min.

9. Birthplace Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name John J. Flaherty 4  
13. Birthplace Ireland 4  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Kinlin  
15. Birthplace Ireland 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Thomas W. Morrison

(b) Address 4448a Farlin Ave

17. (a) Burial (b) Date thereof 3-25-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove

18. (a) Signature of funeral director Math. Hermann & Son, Inc.

(b) Address 2161 E. Fair Ave

19. (a) MAR 23 1948  
(Date received local registrar)

(b) J. J. Brudeck  
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis 17  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4448a Farlin Ave 7  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No) 0  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22  
year 1948 hour 5 minute 45 p.m.

21. I hereby certify that I attended the deceased from 1944 to 3/23/48, 19\_\_\_\_;  
that I last saw her alive on 3/21/48, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death

Myocarditis, chronic

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (a) Means of injury \_\_\_\_\_

23. Signature Andrew B. Jones M. D. or other) \_\_\_\_\_  
Address 3720 Washington Date signed 3/23/48

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....  
working under my personal supervision.

Signed.....  
Registered Apprentice No.....

Licensed Embalmer No..... 3737

P. O. Address..... St. Louis, Mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

If this body is not embalmed, fact should be so stated above.

2161 E. Fair.